



Michael R. Pence, Governor
State of Indiana

Division of Disability and Rehabilitative Services
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7763

Via Electronic mail

DATE

CONTACT

TITLE

NAME OF ORGANIZATION

STREET ADDRESS

CITY, STATE ZIP

EMAIL ADDRESS

Re: **YEAR** Provider Re-approval Term

Dear **CONTACT**,

The Division of Disability and Rehabilitative Services (DDRS) recognizes **NAME OF ORGANIZATION**'s efforts in improving its Quality Assurance/Quality Improvement systems as explained in its assessment of data identified in its Provider Review Profile (PRP) for the time period of **DATE RANGE**.

As described in DDRS' policy and process on provider re-approvals, providers must demonstrate an identification of system deficiencies where they exist in risk categories for which the provider rated above or below the expected range. It is expected that providers analyze their data and identify processes and improvements necessary to ensure its staff, policies/procedures, and overall quality systems render safe and effective services in accordance with Individualized Support Plans, Behavioral Support Plans, other service plans, and ensure the health, safety, and welfare of their consumers. Through this process, and the submission of a Data Assessment Plan and subsequent Addendum (when appropriate), a provider is recommended for a re-approval time period of six (6), twelve (12), or thirty-six (36) months.

The decision to grant **NAME OF ORGANIZATION** a **NUMBER-month** term was based on the provider's overall efforts to address its PRP's identified risk areas through its Data Assessment Plan (**DATE**) and its Addendum (**DATE**).

To support the designation of this **NUMBER-month** re-approval term, BQIS has identified the following items:

SECTION I – PRP Complaints and Incidents Data

ENTER JUSTIFICATIONS FOR 6 OR 12 MONTH HERE



SECTION II – PRP Incident Processing and Abuse/Neglect/Exploitation Data
ENTER JUSTIFICATIONS FOR 6 OR 12 MONTH HERE

SECTION III – PRP Behavioral Data
ENTER JUSTIFICATIONS FOR 6 OR 12 MONTH HERE

SECTION IV – Service Delivery & Consumer Supports
ENTER JUSTIFICATIONS FOR 6 OR 12 MONTH HERE

SECTION VI – Improvement Plan
ENTER JUSTIFICATIONS FOR 6 OR 12 MONTH HERE

Approval to continue providing waiver services is contingent upon DDRS receiving your organizations' Signed Provider Agreement (attached to this letter) **within 30 calendar days of receipt of this letter.**

On or before **30 DAYS BEYOND THIS LETTER DATE**, please submit a signed Provider Agreement to BQISReporting@fssa.in.gov. Failure to submit the signed Provider Agreement by this date may result in the re-approval term being reduced. If DDRS has not received a signed Provider Agreement within 60 calendar days of the date of this letter, DDRS reserves the right to begin the termination process with your agency.

Per 460 IAC 6-6-5(g), if a provider is adversely affected or aggrieved by the determination, the provider may request an administrative review of this action. To exercise this option a written petition must be submitted to Nicole Norvell, Director of DDRS (Nicole Norvell, Director, Division of Disability and Rehabilitative Services; 402 W. Washington Street; Indianapolis, IN 46207). If a hearing request is not filed within fifteen (15) days of the date of this letter, the re-approval term is final.

Please email BQISReporting@fssa.IN.gov with any questions you may have regarding this information.

Sincerely,

Anne Davis
Director
Provider Relations

cc: Shelly Thomas, Assistant Director, Bureau of Quality Improvement Services